BARROŇ RIVERSIDE MANOR 660 EAST BIRCH AVENUE

BARRON 54812 Ownershi p: Corporati on Phone: (715) 537-5643 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): **50** Yes Total Licensed Bed Capacity (12/31/01): 50 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: Average Daily Census: 49 41 \* \*

Services Provided to Non-Residents		Age, Sex, and Primary Diagra	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	46. 9
Supp. Home Care-Personal Care	No					1 - 4 Years	26. 5
Supp. Home Care-Household Services		Developmental Disabilities	0. 0	Under 65	0.0	More Than 4 Years	<b>26</b> . 5
Day Services	No	Mental Illness (Org./Psy)	32. 7	65 - 74	6. 1		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	26. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	46. 9	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	20. 4	Full-Time Equivale	nt
Congregate Meals	No	Cancer	4. 1	ĺ		Nursing Staff per 100 Re	
Home Delivered Meals	No	Fractures	0. 0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	36. 7	65 & 0ver	100. 0		
Transportation	No	Cerebrovascul ar	8. 2	'		RNs	10. 1
Referral Service	No	Di abetes	10. 2	Sex	% j	LPNs	5. 6
Other Services	No	Respiratory	2. 0		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	6. 1	Male	36. 7	Ai des, & Orderlies	36. 8
Mentally Ill	No	İ		Female	63. 3		
Provi de Day Programmi ng for		İ	100. 0		i		
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	2	7. 4	111	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	2	4. 1
Skilled Care	2	100. 0	289	21	77.8	96	0	0.0	0	20	100.0	109	0	0.0	0	0	0.0	0	43	87.8
Intermedi ate				4	14. 8	81	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	8. 2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		27	100.0		0	0.0		20	100.0		0	0.0		0	0.0		49	100. 0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	s, and Activities as of $12/$	′31/01
Deaths During Reporting Period							
		]			% Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	<i>y</i>	Number of
Private Home/No Home Health	14. 8	Daily Living (ADL)	Independent	0ne	Or Two Staff	1	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 0		81. 6	18. 4	49
Other Nursing Homes	5. 6	Dressi ng	8. 2		73. 5	18. 4	49
Acute Care Hospitals	75. 9	Transferring	24. 5		44. 9	30. 6	49
Psych. HospMR/DD Facilities	0.0	Toilet Use	24. 5		44. 9	30. 6	49
Reĥabilitation Hospitals	1. 9	Eati ng	0. 0		91. 8	8. 2	49
Other Locations	1. 9	*********	******	*****	******	**********	********
Total Number of Admissions	<b>54</b>	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	0.0		Respiratory Care	6. 1
Private Home/No Home Health	43. 2	Occ/Freg. Incontinent		42.9		Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freg. Incontinent		18. 4		Sucti oni ng	0. 0
Other Nursing Homes	13. 5	i •				Ostomy Care	0. 0
Acute Care Hospitals	8. 1	Mobility				Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0. 0	Physically Restrained	1	2. 0		Mechanically Altered Diets	
Rehabilitation Hospitals	0. 0						
Other Locations	0. 0	Skin Care			Other Reside	ent Characteristics	
		With Pressure Sores		14. 3			87. 8
						2110001.00	20
	37			0.0		Psychoactive Drugs	30. 6
Deaths Total Number of Discharges (Including Deaths)	35. 1 37	With Pressure Sores   With Rashes		14. 3 0. 0	Medi cati ons	ce Directives Psychoactive Drugs	

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	Thi s		ershi p: pri etary		Si ze: - 99		ensure: lled	Al	l			
	Facility	Facility Peer Group		Peer	Group	Peer	Group	Facilities				
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	82. 0	82. 5	0. 99	86. 4	0. 95	85. 8	0. 96	84. 6	0. 97			
Current Residents from In-County	89. 8	74. 3	1. 21	69. 6	1. 29	69. 4	1. 29	77. 0	1. 17			
Admissions from In-County, Still Residing	40. 7	19.8	2. 06	19. 9	2. 05	23. 1	1. 76	20. 8	1. 96			
Admissions/Average Daily Census	131. 7	148. 2	0.89	133. 4	0. 99	105. 6	1. 25	128. 9	1. 02			
Di scharges/Average Dai ly Census	90. 2	146. 6	0. 62	132. 0	0. 68	105. 9	0.85	130. 0	0. 69			
Discharges To Private Residence/Average Daily Census	39. 0	<b>58</b> . 2	0. 67	49. 7	0. 78	38. 5	1.01	<b>52.</b> 8	0. 74			
Residents Receiving Skilled Care	91. 8	92. 6	0. 99	90. 0	1. 02	89. 9	1. 02	85. 3	1. 08			
Residents Aged 65 and Older	100	95. 1	1. 05	94. 7	1. 06	93. 3	1.07	87. 5	1. 14			
Title 19 (Medicaid) Funded Residents	55. 1	66. 0	0.83	68. 8	0. 80	69. 9	0. 79	68. 7	0.80			
Private Pay Funded Residents	40.8	22. 2	1.84	23. 6	1. 73	22. 2	1.84	22. 0	1. 85			
Developmentally Disabled Residents	0. 0	0.8	0.00	1.0	0.00	0.8	0.00	7. 6	0.00			
Mentally Ill Residents	32. 7	31.4	1. 04	36. 3	0. 90	38. 5	0.85	33. 8	0. 97			
General Medical Service Residents	6. 1	23.8	0. 26	21. 1	0. 29	21. 2	0. 29	19. 4	0. 32			
Impaired ADL (Mean)	55. 1	46. 9	1. 18	47. 1	1. 17	46. 4	1. 19	49. 3	1. 12			
Psychological Problems	30. 6	47. 2	0. 65	49. 5	0. 62	52. 6	0. 58	51. 9	0. 59			
Nursing Care Required (Mean)	4. 6	6. 7	0. 69	6. 7	0. 68	7.4	0. 62	7. 3	0.63			